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January 15, 2003

Honorable Jerry Luke LeBlanc, Chairman
Performance Review Subcommittee of the
Joint Legislative Committee on the Budget
and Members of the Subcommittee
P.O. Box 44294
Baton Rouge, LA 70804

Re: Exceptional Performance and Gainsharing Incentive Program
Proposal by the Department of Health and Hospitals,
Financial Research and Planning Division

Dear Committee Members:

In accordance with Louisiana Revised Statute (R.S.) 39:87.5(D)(8), we have completed our analysis of the material and substantive accuracy of the proposal submitted by the Department of Health and Hospitals (DHH), Financial Research and Planning Division, for a reward based on the Exceptional Performance and Efficiency Incentive Program. The proposal submitted by DHH asks for \$12,500 in supplemental compensation for an individual employee based on his exceptional performance in accurately forecasting Medicaid expenditures for fiscal years 2001 and 2002.

Attachment 1 to this letter provides the results of our verification and analysis of the proposal (Attachment 2). In summary, our verification found the following:

- DHH's Financial Research and Planning Division requests supplemental compensation of \$12,500 for Dr. Bhaskar Toodi. Dr. Toodi was employed by DHH for the entire period covered by the incentive proposal (fiscal years 2001 and 2002).
- The proposal is materially accurate except for the following items:
 - The total forecasted Medicaid expenditure amount included in the incentive proposal for December 2001 is inaccurate according to the monthly reports that Dr. Toodi submitted to the legislature and other users. There is a discrepancy of \$61,782,373. The proposal states that the forecast accuracy rate for December 2001 was 99.2%; however, we found it was actually 97.7%.

Honorable Jerry Luke LeBlanc, Chairman
Performance Review Subcommittee of the
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- The forecasted Medicaid expenditure for private providers included in the incentive proposal for the month of December 2001 is inaccurate according to the monthly reports that Dr. Toodi submitted to the legislature and other users. There is a discrepancy of \$68,892,250. The proposal states that the forecast accuracy rate for December 2001 was 99.8%; however, we found it was actually 97.5%.
- As a result of the inaccuracies in the forecasts for December 2001, the proposal (on pages 1, 4, 6, and 8) contains mistakes concerning forecasting accuracy rates. Page 1 of the proposal states that Dr. Toodi has produced forecasts with an astounding rate of accuracy between 99.2 and 99.9%. We found that Dr. Toodi's monthly accuracy has ranged from 97.5 to 99.9%. The other three errors in statements about forecasting accuracy are small and considered by us to be immaterial.
- The value reported in the proposal for one performance indicator named *Number of TPL claims processed* does not agree with the value reported in LaPAS (the Louisiana Performance Accountability System). We did not test the reliability of the values reported for the performance indicators on page 5 and the two subsequent pages of the proposal because these performance data do not reflect the efforts associated with activities forming the basis of this proposal.

I hope this information is useful in your legislative decision-making. A copy of this information has been provided to DHH.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel G. Kyle".

Daniel G. Kyle, CPA, CFE
Legislative Auditor

DGK/dl

Attachments

[DHHFC03]

Office of the Legislative Auditor

*Department of Health and Hospitals (DHH) -
Financial Research and Planning Division
Verification of Proposal Based on the Exceptional
Performance and Efficiency Incentive Program*

Louisiana Revised Statute (R.S.) 39:87.5(D)(8) requires the legislative auditor to verify the material and substantive accuracy of the information contained in a proposal submitted pursuant to the Exceptional Performance and Efficiency Incentive Program. R.S. 39:87.5(D) provides the types of performance to be achieved to qualify for a reward. A proposal may be based on exceptional performance wherein an agency demonstrates that it has consistently met or exceeded a significant number of the standards for its key and supporting performance indicators related to a particular activity.

DHH, Financial Research and Planning Division bases its proposal (see Attachment 2) on exceptional performance, specifically the achievement of Dr. Bhaskar Toodi in accurately forecasting the expenditures of the Medicaid system. Dr. Toodi issues his first forecast for total fiscal year expenditures in December, after a trend in Medicaid expenditures for the fiscal year has become established. He then updates the December forecast each month thereafter.

Proposed Reward Amount

DHH is requesting supplemental compensation of \$12,500 for Dr. Toodi. State Civil Service Rule 6.16.3 states that to be eligible for any gainsharing program, an employee must have been employed in the agency, program, or activity during the period when efficiencies were realized and at the time that the reward is distributed.

DHH based its proposal on performance data from fiscal years 2001 and 2002. Dr. Toodi was employed by DHH for both of these fiscal years.

Accuracy of Information in the Proposal

The proposal (Attachment 2, page 2) states that the forecast accuracy rate for total Medicaid expenditures for December 2001 was 99.2%; however, it was actually 97.7%. The total forecasted Medicaid expenditure amount included in the incentive fund proposal for December 2001 is inaccurate according to the monthly reports that Dr. Toodi submitted to the legislature and other users. There is a discrepancy of \$61,782,373 between the forecasted amounts contained in the proposal and in the source document furnished to us by Dr. Toodi. It appears that the wrong number was used in the proposal to calculate the accuracy percentage for December 2001.

The proposal (Attachment 2, page 2) states that the forecast accuracy rate for private providers' expenditures for December 2001 was 99.8%; however, it was actually 97.5%. The forecasted amount for the private provider expenditures shown in the incentive fund proposal for December 2001 differs from the monthly reports that Dr. Toodi submitted to the legislature and others. There is a discrepancy between the forecasted amounts contained in the

proposal and in the document furnished to us by Dr. Toodi. The figure in the proposal was increased from the December 2001 forecast to include an additional \$68,892,250. A footnote on page 2 of Attachment 2 of the proposal refers to this addition.

Other Inaccuracies in Forecast Accuracy Rates

- (Page 1 of the Proposal) - As a result of these changes in forecast accuracy for December 2001, the statement on page 1 of the proposal concerning Dr. Toodi's accuracy is inaccurate. Page 1 of the proposal states that Dr. Toodi has produced forecasts with an astounding rate of accuracy ranging between 99.2 and 99.9%. We found that Dr. Toodi's monthly accuracy has ranged from 97.5 to 99.9%.
- (Page 4 of the Proposal) - The revisions to the forecast accuracy for December 2001 result in the forecast accuracy rate for private provider expenditures to be 99.5% for fiscal year 2002, as compared to 99.8% stated on page 4 of the proposal.
- (Page 6 of the Proposal) - The revisions to the forecast accuracy for December 2001 result in the forecast accuracy rate for total Medicaid expenditures to be 99.2% for fiscal year 2002. Thus, the statement on page 6 of the proposal that the accuracy rate was 99.5% for fiscal year 2002 is inaccurate. In addition, the Average forecast variation percent for fiscal year 2001 should be 0.3%, instead of the 0.2% contained in the proposal.
- (Page 8 of the Proposal) - The statement on page 8 that Dr. Toodi compiled a 99.8% accuracy level of forecast for fiscal year 2002 is inaccurate. Again, we found that the accuracy rate for total Medicaid expenditures was 99.2% in fiscal year 2002.

The value reported in the proposal for one performance indicator, *Number of TPL claims processed*, does not agree with the value reported in LaPAS (Louisiana Performance Accountability System).

Number of Third Party Liability (TPL) claims processed	Proposal		LaPAS	
	Standard	Actual	Standard	Actual
Fiscal Year 2002	3,190,000	3,190,000	4,550,000	5,010,228

We did not test the reliability of the values reported for the performance indicators on page 5 and the two subsequent pages of the proposal because these performance data do not reflect the efforts associated with activities forming the basis of this proposal.

Attachment 2

Department of Health and Hospitals
Financial Research and Planning
(Medicaid Forecasting)

Proposal for Incentive Fund Reward
Based on Exceptional Performance

REWARD PROPOSAL BASED ON EXCEPTIONAL PERFORMANCE

DEPARTMENT: Health and Hospitals SCHEDULE: 09-307

AGENCY: Office of the Secretary PROGRAM: Management and Finance

ACTIVITY: Financial Research and Planning (Medicaid Forecasting)

SUBJECT FISCAL YEAR: 2001 and 2002

This proposal is for a reward based on exceptional performance.

This original document, plus seven copies, must be received by the Performance Review Subcommittee of the Joint Legislative Committee on the Budget by 5:00 p.m. on November 15th. The Subcommittee's physical address is 900 N. 3rd St., State Capitol, 11th Floor, Baton Rouge, LA 70802; the mailing address is P.O. Box 94486, Baton Rouge, LA 70804; the e-mail address is "reade@legis.state.la.us".

Provide a brief summary of the proposal, noting whether this proposal is based on the exceptional achievements of a particular activity which is the a subset of a program, or upon the achievements of an entire program, multiple programs or the agency. Include information about the reward requested and its proposed use. Please limit this description to about 125 words.

This proposal is based on the exceptional performance of Dr. Bhaskar Toodi, a healthcare economist with DHH's Financial Research and Planning Division. Dr. Toodi provides a financial forecast projecting expenditures for 30 service categories within DHH's Medicaid program. Dr. Toodi has produced forecasts with an astounding rate of accuracy ranging between 99.2% and 99.9%. The reward requested is for supplemental compensation.

Application prepared by: Elizabeth Davis Date: 11/10/02

Signature

Elizabeth W. Davis

Agency head approval: Charles Castille Date: 11/10/02

Signature

Charles F. Castille

Received by the Performance Review Subcommittee: Date:

REWARD PROPOSAL BASED ON EXCEPTIONAL PERFORMANCE

Sent to the Legislative Auditor Date:

Response from Legislative Auditor: Date:

Disposition by Subcommittee: Date:

REWARD PROPOSAL BASED ON EXCEPTIONAL PERFORMANCE

Part One: Explanation of the Activity and the Exceptional Performance

Describe the activity (the "subject activity"), program and performance data upon which your proposal is based. The subject activity may be a subset or component of a program (or equivalent), or involve the efforts of one or more programs or the entire agency. Be specific in identifying the organizational unit or area where the exceptional performance was achieved. Section A. is used to give a narrative description, and Section B. is used to provide the specific performance data.

- A. Provide a detailed narrative description of the subject activity or program(s) and summarize the exceptional performance achieved by that entity.**

REWARD PROPOSAL BASED ON EXCEPTIONAL PERFORMANCE

The Financial Research and Planning Division of the Department of Health and Hospitals is the unit responsible, as required by the Louisiana legislature, for producing the Medicaid Monthly and Annual Financial report.

The monthly Financial Report is an important document for the administrative decision making process to the executives within the department as well as other state agencies, legislature and providers groups.

The main focus of this monthly report is forecast of Medical Vendor Program expenditures. This monthly forecast is used by the executive of the Department to monitor the expenditure trends of the Medicaid program to ensure that the program is spending within the appropriated funding limits established by the legislature. When the monthly forecast projects that Medicaid spending will exceed the programs appropriation, then DHH executives must make decisions that will bring the program within budget by the appropriate means (BA-7, program cuts/elimination). Because of this very important function of the forecast, accuracy and reliability are critical to management of the Medicaid program for the executive management team and the citizens that rely on its services.

Bhaskar Toodi, Ph.D., with the assistance of the financial research and planning staff members and his expansive knowledge of forecasting methods and models (Dr. Toodi also has advanced degrees in commerce, agricultural economics, and a MBA), achieved high levels of accuracy levels for public expenditures standards and perspective. Dr. Toodi has compiled a 99.8% accuracy level for State Fiscal Year 2001-02 Medicaid Private Provider program. His forecast accuracy consistency and reliability has allowed the state of Louisiana to stay ahead of the rest of the nation in handling Medicaid shortfalls that have been plaguing a majority of states during the past several fiscal years. For example, during State Fiscal Year 1999/00, Dr. Toodi's early projection of expenditures that were expected to be higher than appropriation levels allowed DHH executives to make some important cost containment strategies.

Dr. Toodi has averaged a near 100% accuracy rate for the prior three State Fiscal Years. His high levels of accuracy levels have been lauded by DHH Secretary David Hood as been instrumental in allowing DHH executive team to manage the Medicaid budget effectively within legislative boundaries. Dr. Toodi's projection for following year in early March of each year is used by the Legislative Fiscal Office for basis for Legislative process and becomes a valuable tool for drafting of HB1 by Legislative Fiscal Office.

REWARD PROPOSAL BASED ON EXCEPTIONAL PERFORMANCE

Medicaid is an entitlement program. Several factors/variables conditions influence the magnitude and expenditure trends of the Medicaid program. For all practical purposes, DHH has little or no control over most of these factors that influence the Medicaid Program expenditure patterns. Achieving near 100% accuracy levels of forecast consistently for last three State Fiscal Years, despite of having little if any control over the variables that affect the forecast, demonstrates Dr. Toodi's command over forecasting models.

B. Provide detailed performance data evidencing the exceptional performance represented in your proposal. Be sure to note those specific performance indicators and standards which are particularly important. Provide any separate or narrative background information necessary to highlight or support the exceptional nature of the performance. All proposers must complete Format 1. Format 2 is to be used to report additional data which is not captured in LaPAS.

Using Format 1, list all objectives and performance indicators for the subject year and at least the immediately preceding year (three years of data is best) for the program (or equivalent) in which the subject activity occurred. Provide the performance standards from the enacted budget/LaPAS. For proposals based on activities which occur at the sub-program (or equivalent) level which are not directly reflected in the agency's LaPAS performance data, the data for the program (or equivalent) comprising such activity is *required*. In cases where multiple programs are involved, provide the performance data for the entire agency.

Format 1. Provide the LaPAS data using this format, attaching addenda as necessary.

Program (or agency):		Medical Vendor Administration (09-305)					
Objective:	Through the Medicaid Information System, to operate an efficient Medicaid claims processing system by processing at least 98% of submitted claims within 30 days of receipt and editing 100% of nonexempt claims for Third Party Liability (TPL) and Medicare coverage.						
		FY2000		FY2001		FY2002	
Performance Indicators	Standard	Actual	Standard	Actual	Standard	Actual	
Percentage of total claims processed within 30 days	98%	98%	98%	98.2%	98%	97.71%	
Average processing time in days	9	9	9	8.3	9	8.4	
Number of TPL claims processed	3,190,000	4,435,934	4,550,000	4,786,065	3,190,000	3,190,000	
Percentage of TPL claims processed through edits	100%	100%	100%	100%	100%	100%	
TPL Trauma Recovery Amount	\$5,040,000	\$5,551,384	\$5,040,000	\$5,588,796	\$5,040,000	\$6,473,295	

(Continued on Attachment #1)

Attachment #1

Format 1. Provide the LaPAS data using this format, attaching addenda as necessary

Program (or agency):		Medical Vendor Administration (09-305)					
Objective:	Through the Medicaid Eligibility Determination activity, to provide Medicaid eligibility determinations and administer the program within federal regulations by processing 98% of applications timely.						
		FY2000		FY2001		FY2002	
Performance Indicators		Standard	Actual	Standard	Actual	Standard	Actual
Percentage of applications processed timely		99%	99.7%	95%	99.8%	96%	99.3%
Number of applications processed timely		259,257	286,838	295,189	307,013	282,714	341,980

Program (or agency):		Medical Vendor Administration (09-305)					
Objective:	Through the Health Standard activity, to perform 100% of required state licensing and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid.						
		FY2000		FY2001		FY2002	
Performance Indicators		Standard	Actual	Standard	Actual	Standard	Actual
Number of facilities out of compliance		N/A*	482	525	511	525	608
Number of facilities sanctioned		N/A*	121	135	237	135	230
Percentage of facilities out of compliance		N/A*	13.2%	13%	13%	13%	19%

Program (or agency):		Medical Vendor Administration (09-305)					
Objective:	Through the LaCHIP Program, to achieve 80% or greater enrollment of children (birth through 18 years of age) living below 200% of the Federal Poverty Level (FPL) who are potentially eligible for services under Title XIX and Medicaid expansion under Title XXI of the Social Security Act.						
		FY2000		FY2001		FY2002	
Performance Indicators		Standard	Actual	Standard	Actual	Standard	Actual
Potential eligibles below 200% FPL		N/A*	474875	474,875	474,875	617,525	617,525
Number of children enrolled as Title XXI		28,350	33,497	50,362	54,343	69,115	74,315
Number of children enrolled as Title XIX		44,162	29,612	359,427	395,387	449,655	459,748
Total number of children enrolled		72,12	63,109	409,789	449,730	518,770	534,063
Percentage of children enrolled		78%	79.5%	86.3%	94.7%	84%	86.5%
Number of children remaining uninsured		N/A*	N/A*	65,086	25,145	98,755	83,465
Average cost per Title XXI enrolled per year		N/A*	N/A*	1,272	1,053	1,241	1,109
Average cost per Title XIX enrolled per year		N/A*	N/A*	950	1,657	1,398	1,793

Program (or agency):		Medical Vendor Administration (09-305)					
Objective:	Through the Medicaid Management Information System activity to achieve 90% of the transitional goals identified for implementing the requirements of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).						
		FY2000		FY2001		FY2002	
Performance Indicators	Standard	Actual	Standard	Actual	Standard	Actual	
Number of goals	N/A *	N/A *	N/A *	N/A *	10	9	
Percentage of goals achieved	N/A *	N/A *	N/A *	N/A *	90%	88%	

* Performance data not collected this fiscal year.

REWARD PROPOSAL BASED ON EXCEPTIONAL PERFORMANCE

Use "Format 2" for instances where the agency's performance data in the enacted budget and LaPAS does not reflect the efforts and achievements associated with the activities forming the basis of your proposal. Provide clear and specific evidence of the establishment of an expected level of performance at the beginning of the fiscal year or before the activity was undertaken, which expectation could then be compared to actual achievements at year's end. Citation of specific source documents for this data is *required*.

Format 2.

Program (or agency):	Financial Research and Planning (Medicaid Forecasting)					
	FY2001		FY2002		FY	
Performance Expectation	Standard	Actual	Standard	Actual	Standard	Actual
Average forecast percent accuracy**	90-95%	99.7%	90-95%	99.5%		
Average forecast variation percent**	5%	.2%	5%	0.5%		

**See Attachment #2.

In this space describe the circumstances and process related to development of the performance expectations presented in Format 2, including reference to specific source documentation.

Whereas there are no set performance standards for the Monthly Medicaid forecast, Dr. Toodi's projections have become the foundation of Medicaid financial policy decisions.

LOUISIANA MEDICAID PROGRAM

Forecast Variation/Accuracy Analysis by Month - SFY 2000/01

SFY 2000/01 Year End Actual Total Expenditures*

\$3,648,079,415

- * Year end actual expenditures and May forecast includes \$57.5m for retroactive payments for Nursing Homes rebating, per revised appropriation.

For comparability of variance between forecast and actual expenditures we have two following options to adjust this amount:

- 1 Subtract \$57.5m from Year End actuals to compare December '00 - April' 01 forecast.
- 2 Add \$57.5m to December' 00 - April' 01 forecast and compare to Year End total Expenditures.

Based on option 1:

Actual Year End Expenditures	\$3,648,079,415
Less: NH Rebase	(\$57,451,819)
Adjusted Year End Expenditures	\$3,590,627,596

Month	Forecast (\$)	Difference (\$) **	Variation (%)	Accuracy (%)
December	3,565,605,222	25,022,374	0.7%	99.3%
January	3,580,176,509	10,451,087	0.3%	99.7%
February	3,582,861,618	7,765,978	0.2%	99.8%
March	3,586,219,133	4,408,463	0.1%	99.9%
April	3,595,421,961	(4,794,365)	0.1%	99.9%
May**	3,642,151,715	5,927,700	0.2%	99.8%

** Forecast and Year expenditures includes Nursing Home Rebase.

LOUISIANA MEDICAID PROGRAM

Forecast Variation/Accuracy Analysis by Month - SFY 2001/02

Forecast Month	Private Providers			Medicaid Total		
	Variation (\$\$)*	Percent to Actuals		Variation (\$\$)*	Percent	
		Variation	Accuracy		Variation	Accuracy
Dec' 01	(6,404,192)	-0.2%	99.8%	32,012,858	0.8%	99.2%
Jan' 02	(5,965,525)	-0.2%	99.8%	12,951,396	0.3%	99.7%
Feb' 02	5,717,611	0.2%	99.8%	23,659,032	0.6%	99.4%
Mar' 02	(4,225,809)	-0.2%	99.8%	13,850,207	0.3%	99.7%
Apr' 02	3,748,699	0.1%	99.9%	25,222,189	0.6%	99.4%
May' 02	6,045,106	0.2%	99.8%	27,118,597	0.7%	99.3%

Expenditures: Actuals and Forecast by Month - SFY 2001/02

Actuals	\$2,756,714,098	\$4,076,432,223
Forecast		
Dec**	2,763,118,290	4,044,419,365
Jan	2,762,679,623	4,063,480,827
Feb	2,750,996,486	4,052,773,192
Mar	2,760,939,907	4,062,582,016
Apr	2,752,965,399	4,051,210,034
May	2,750,668,992	4,049,313,626

* Variation (\$\$) = (Actual SFY 2001/02 Year end Expenditures) - (Forecast for each month).

** Includes a \$68.9m (UPL) addition to the released forecast.

REWARD PROPOSAL BASED ON EXCEPTIONAL PERFORMANCE

C. Expenditures. For the subject year and the preceding year, provide the following expenditure data for the program(s) (or equivalent) in which the subject activity occurred, as well as that for the entire agency. *Provide this data using the format below, attaching addenda as necessary.*

Program:	Medical Vendor Admin.	Preceding Year	Subject Year
		FY2001	FY2002
	End-of-year actual expenditures	\$102,048,355	\$131,023,915
	End-of-year actual T.O.	1,206	1,218

Program:		FY	FY
	End-of-year actual Expenditures		
	End-of-year actual T.O.		

Agency:	Office of the Secretary	FY2001	FY2002
	End-of-year actual Expenditures	\$37,768,254	\$38,087,840
	End-of-year actual T.O.	442	447

PART TWO: ACTIONS OF EMPLOYEES

Complete this Part if the achievements evidenced in your proposal are the result of the efforts of specific employees. Present this information in narrative fashion. You must include the employee names, job titles, and general contribution to the effort.

REWARD PROPOSAL BASED ON EXCEPTIONAL PERFORMANCE

Use this space or attach a separate addendum.

Bhaskar Toodi, Ph.D., with the assistance of the financial research and planning staff members and his expansive knowledge of forecasting methods and models, achieved high levels of accuracy levels for public expenditure standards and perspective. Dr. Toodi has compiled a 99.8% accuracy level of forecast of expenditure for State Fiscal Year 2001-02 Medicaid program. His forecast accuracy consistency and reliability has allowed the state of Louisiana to stay ahead of the rest of the nation in handling Medicaid shortfalls that have been plaguing a majority of states during the past several fiscal years. Dr. Toodi's forecast is extensively used by executives for planning and managing cost containment strategies in case of budget shortfalls.

As a testimony to Dr. Toodi's outstanding Health Economics research knowledge, Dr. Toodi has been selected as a U.S. delegation member of People to People Ambassador program by Dr. David Blumenthal, MD, MPP of Harvard University. People to People Ambassador is an international professional and cultural program that seeks to improve health care systems throughout the world. As a delegate, Mr. Toodi's first duty will be to join a delegation of professionals who will visit China next April. Mr. Toodi was invited to join this prestigious group by David Blumenthal, MD, MPP, and director for the Institute for Health Care Policy at Harvard University. The primary professional objective of this delegation is to meet with healthcare professionals to exchange ideas for techniques, strategies, and systems for administering and managing healthcare delivery over a wide geographically dispersed and economically diverse population. The delegation will also gain a full understanding of the changes that are occurring in the way China organizes and finances healthcare for its citizens in urban and rural areas. It is intended that these exchanges will increase scientific understanding and international friendship while fostering the development of professional and personal relationships among the medical counterparts worldwide. Dr. Toodi's selection as People to People ambassador is recognition of knowledge and expertness by other parts of the nations and world is an honor and shows high respect for the state of Louisiana in general and Department of Health and Hospitals in particular. The State of Louisiana and its Department of Health and Hospitals will also greatly benefit from the experience.

REWARD PROPOSAL BASED ON EXCEPTIONAL PERFORMANCE

PART THREE: EXPLANATION OF PROPOSED REWARD AND ITS USE

I. Aggregate amount of reward requested:

\$12,500

II. Explain how the proposed reward funding would be used, whether for non-recurring expenditures or supplemental compensation, or both:

A. Non-recurring expenditures

Provide a synopsis of how the proposed reward would be used for nonrecurring expenditures.

Not Applicable.

B. Supplemental Compensation

Provide a synopsis of the supplemental compensation plan for use of this reward, and how it would specifically be distributed among the staff responsible for the achievements evidenced in this proposal as described in Part Two (see R.S. 39:87.5(D)(6)).

This reward for \$12,500 is for supplemental compensation to Dr. Bhaskar Toodi.